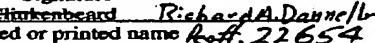


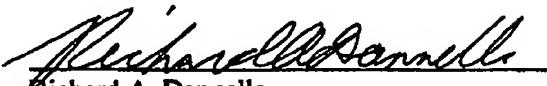
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/719,504
		Filing Date	November 21, 2003
		First Named Inventor	Galloway
		Group Art Unit	1745
		Examiner Name	LAWRENCE, G. and Alejandro, Raymond
Total Number of Pages in This Submission	1	Attorney Docket Number	039592-012000
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
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		Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128		
Signature			
Date	October 3, 2005		
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]			
I hereby certify that this correspondence is being:			
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October 3, 2005 Date		 Signature Linda Clukensbeard Richard A. Dannells Typed or printed name 	

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Remarks begin on page 3 of this paper.

If there are any questions with this amendment, the Examiner is invited to telephone the undersigned at (415) 984-8200.

Respectfully submitted,



Richard A. Dannells
Registration No: 22,654

October 3, 2005
NIXON PEABODY LLP
Suite 900, 401 9th Street, N.W.
Washington, D.C. 20004-2128